

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 904861
FACILITY: H2-Oh-Yeah
LOCATION: 2134 C.R. 224
 Ashley, OH 43003
COUNTY: Morrow
DISTRICT: CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :
REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Original
4MP00028*AM
 401
2019-10-01 To: 2019-10-31
 Brookside Laboratories
 Kari Long

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09	7.76	366.82	AA 0.01	366.82	72.46	AA 54.68	0.20
2019-10-10	7.98	305.9	AA 0.01	305.9	75.38	AA 51.98	0.20
2019-10-11	8.04	318.75	AA 0.01	318.75	77.14	158.25	0.30
2019-10-12							
2019-10-13							
2019-10-14	8.05	321.23	AA 0.01	321.23	76.98	157.85	0.20
2019-10-15	8.09	303.76	AA 0.01	303.76	77.23	AA 50.56	0.20
2019-10-16							
2019-10-17							
2019-10-18	7.81	270.15	AA 0.01	270.15	80.45	AA 51.15	0.20
2019-10-19							
2019-10-20							
2019-10-21	7.85	276.8	AA 0.01	276.8	78.99	51.28	0.20
2019-10-22							
2019-10-23	7.89	274.9	AA 0.01	274.9	79.84	51.02	0.20
2019-10-24	7.92	275.6	AA 0.01	275.6	79.1	51.41	0.25
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31							
Minimum	7.76	270.15	0.0	270.15	72.46	0.0	0.2
Maximum	8.09	366.82	0.0	366.82	80.45	158.25	0.3
Average		301.54556	0	301.54556	77.50778	52.20111	0.21667
Count	9	9	9	9	9	9	9
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-11-20 19:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:	904861	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	401
	Ashley, OH 43003	MONITORING PERIOD :	2019-10-01 To: 2019-10-31
COUNTY:	Morrow	REPORTING LAB:	Brookside Laboratories
DISTRICT:	CDO	ANALYST:	Kari Long
		NO DISCHARGE INDICATOR:	

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2019-10-01						
2019-10-02						
2019-10-03						
2019-10-04						
2019-10-05						
2019-10-06						
2019-10-07						
2019-10-08						
2019-10-09	0.221					
2019-10-10	0.221					
2019-10-11	0.498					
2019-10-12						
2019-10-13						
2019-10-14	0.221					
2019-10-15	0.221					
2019-10-16						
2019-10-17						
2019-10-18	0.221					
2019-10-19						
2019-10-20						
2019-10-21	0.221					
2019-10-22						
2019-10-23	0.221					
2019-10-24	0.346					
2019-10-25						
2019-10-26						
2019-10-27						
2019-10-28						
2019-10-29						
2019-10-30						
2019-10-31						
Minimum	0.221					
Maximum	0.498					
Average	0.26567					
Count	9					
Name of Responsible Official or Authorized Representative <div style="text-align: center; font-size: 1.2em;">Ashleigh Lemon</div>		Signature of Responsible Official or Authorized Representative <div style="height: 80px;"></div>			Submission Date/Time 	
					Certification Version Date 2019-11-20 19:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:
FACILITY:
LOCATION:

904861
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
402
2019-10-01 To: 2019-10-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-11-20 19:11	

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SUBMISSION ID:
FACILITY:
LOCATION:

904861
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003
Morrow
CDO

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
402
2019-10-01 To: 2019-10-31

COUNTY:
DISTRICT:

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

AL

PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2019-10-01						
2019-10-02						
2019-10-03						
2019-10-04						
2019-10-05						
2019-10-06						
2019-10-07						
2019-10-08						
2019-10-09						
2019-10-10						
2019-10-11						
2019-10-12						
2019-10-13						
2019-10-14						
2019-10-15						
2019-10-16						
2019-10-17						
2019-10-18						
2019-10-19						
2019-10-20						
2019-10-21						
2019-10-22						
2019-10-23						
2019-10-24						
2019-10-25						
2019-10-26						
2019-10-27						
2019-10-28						
2019-10-29						
2019-10-30						
2019-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time
Ashleigh Lemon						Certification Version Date 2019-11-20 19:11

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SUBMISSION ID:
FACILITY:
LOCATION:

904861
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
403
2019-10-01 To: 2019-10-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10							
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23							
2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31							
Minimum							
Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-11-20 19:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: FACILITY: LOCATION: COUNTY: DISTRICT:	904861 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	STATUS: PERMIT NUMBER: STATION CODE: MONITORING PERIOD : REPORTING LAB: ANALYST: NO DISCHARGE INDICATOR:	Original 4MP00028*AM 403 2019-10-01 To: 2019-10-31 AL
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PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2019-10-01						
2019-10-02						
2019-10-03						
2019-10-04						
2019-10-05						
2019-10-06						
2019-10-07						
2019-10-08						
2019-10-09						
2019-10-10						
2019-10-11						
2019-10-12						
2019-10-13						
2019-10-14						
2019-10-15						
2019-10-16						
2019-10-17						
2019-10-18						
2019-10-19						
2019-10-20						
2019-10-21						
2019-10-22						
2019-10-23						
2019-10-24						
2019-10-25						
2019-10-26						
2019-10-27						
2019-10-28						
2019-10-29						
2019-10-30						
2019-10-31						
Minimum						
Maximum						
Average						
Count						
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative	Submission Date/Time	
Ashleigh Lemon					Certification Version Date 2019-11-20 19:11	

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FACILITY:
LOCATION:

904861
H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
602
2019-10-01 To: 2019-10-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookside Laboratories
Kari Long

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2019-10-01	AC	AC					
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10	AH	AH	305.9	75.38	AA 51.98	0.0138	0.384
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15	AH	AH					
2019-10-16							
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23	AH	AH	274.9	79.85	51.02	0.0138	0.39
2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29	AC	AC					
2019-10-30							
2019-10-31							
Minimum			274.9	75.38	0.0	0.0138	0.384
Maximum			305.9	79.85	51.02	0.0138	0.39
Average			290.4	77.615	25.51	0.0138	0.387
Count			2	2	2	2	2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-11-20 19:11	

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LOCATION:

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2134 C.R. 224
Ashley, OH 43003

STATUS:
PERMIT NUMBER:
STATION CODE:
MONITORING PERIOD :

Original
4MP00028*AM
602
2019-10-01 To: 2019-10-31

COUNTY:
DISTRICT:

Morrow
CDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Brookside Laboratories
Kari Long

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2019-10-01							
2019-10-02							
2019-10-03							
2019-10-04							
2019-10-05							
2019-10-06							
2019-10-07							
2019-10-08							
2019-10-09							
2019-10-10	AH	3.8	7.98	85	145	305.9	
2019-10-11							
2019-10-12							
2019-10-13							
2019-10-14							
2019-10-15							
2019-10-16							
2019-10-17							
2019-10-18							
2019-10-19							
2019-10-20							
2019-10-21							
2019-10-22							
2019-10-23	AH	4.4					
2019-10-24							
2019-10-25							
2019-10-26							
2019-10-27							
2019-10-28							
2019-10-29							
2019-10-30							
2019-10-31							
Minimum		3.8	7.98	85.0	145.0	305.9	
Maximum		4.4	7.98	85.0	145.0	305.9	
Average		4.1		85	145	305.9	
Count		2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Ashleigh Lemon						Certification Version Date 2019-11-20 19:11	

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

**FACILITY:
LOCATION:**

H2-Oh-Yeah
2134 C.R. 224
Ashley, OH 43003

**PERMIT NUMBER:
MONITORING PERIOD :**

4MP00028*AM
2019-10-01 To: 2019-10-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
401	E. coli	31648	2019-10-09	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-10	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-11	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-14	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-15	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-18	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-21	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-23	#/100 ml	Please note E. coli results are in MPN/g
401	E. coli	31648	2019-10-24	#/100 ml	Please note E. coli results are in MPN/g
602	Biochemical Oxygen Demand, 5 Day	00310	2019-10-10	mg/l	Sample not submitted by staff for some reason. Addressing for next month
602	Biochemical Oxygen Demand, 5 Day	00310	2019-10-15	mg/l	Sample not submitted by staff for some reason. Addressing for next month
602	Biochemical Oxygen Demand, 5 Day	00310	2019-10-23	mg/l	Sample not submitted by staff for some reason. Addressing for next month
602	Total Suspended Solids	00530	2019-10-10	mg/l	Sample not submitted by staff for some reason. Addressing for next month
602	Total Suspended Solids	00530	2019-10-15	mg/l	Sample not submitted by staff for some reason. Addressing for next month
602	Total Suspended Solids	00530	2019-10-23	mg/l	Sample not submitted by staff for some reason. Addressing for next month
602	E. coli	31648	2019-10-10	#/100 ml	Please note e. coli is reported in MPN/g
602	E. coli	31648	2019-10-23	#/100 ml	Please note e. coli is reported in MPN/g
602	Sludge Solids, Percent Volatile	70322	2019-10-10	%	For some reason this sample was not taken by the team this month. We are addressing for next month.

602	Sludge Solids, Percent Volatile	70322	2019-10-23	%	For some reason this sample was not taken by the team this month. We are addressing for next month.
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